

# Implementation of routine, universal prenatal HIV testing: opt-out strategies

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# Objectives

- Describe process that led to CDC recommendation of opt-out prenatal HIV testing this year
- Describe actual or recommended opt-out implementation in states, organizations
- Describe the need for better data on prenatal testing rates and next steps



# Background

- 1995: USPHS recommends that all pregnant women be counseled for HIV and encouraged to be tested
- 2001: USPHS strengthens recommendation for routine testing of all pregnant women
  - Simplification of testing process so that pretest counseling is not a barrier
  - More flexible consent process to allow for various type of informed consent



# Rationale

- Increasingly effective interventions to prevent perinatal transmission – to as low as 1%-2% with early intervention
- 25% transmission rate with no interventions
- Interventions begun at the labor and delivery or just after birth: 9%-13%
- 6,000-7,000 HIV-infected women give birth each year
  - 280-370 infants perinatally infected
  - 38% of their mothers not tested until birth or later



# 2002 assessment of prenatal HIV testing rates

- In the United States and Canada.
- By state or provincial prenatal HIV testing policy.



# Prenatal HIV testing policies

- Voluntary approaches
  - Opt-in: pre-test counseling and written consent specifically for an HIV test
  - Opt-out: notification of testing unless it is refused
- Mandatory approaches
  - Mandatory newborn screening: infants are tested, with or without mother's consent, when mother's HIV status is unknown at delivery



# MMWR data sources

- Chart reviews: 8 states, 1998-1999, from a sample of prenatal and labor and delivery charts.
- Pregnancy Risk Assessment Monitoring System (PRAMS): 9 states, 1999, survey of a sample of recently delivered women
- Lab reports: 5 Canadian provinces, 1999-2001, all HIV tests submitted to provincial labs.



# Chart review results, 1998-1999

<u>State</u>	<u>Policy</u>	<u>%Tested</u>
TN	Opt-out	85
NY	Mandatory	52
	Mandatory <sup>+</sup>	83
CT	Opt-in	31
	Mandatory	81
MD	Opt-in	69
GA	Opt-in	66
MN	Opt-in	62
CA	Opt-in	39
OR	Opt-in	25





# PRAMS results, 1999

<u>State</u>	<u>Policy</u>	<u>%Tested</u>
NY	Mandatory	69
	Mandatory <sup>+</sup>	93
AK	Opt-out	71
FL	Opt-in	81
NC	Opt-in	75
IL	Opt-in	72
CO	Opt-in	72
WV	Opt-in	67
OK	Opt-in	62
OH	Opt-in	61



# Canadian results, 1999-2001

<u>Province</u>	<u>Policy</u>	<u>%Tested</u>
Alberta	Opt-out	98
Newfoundland & Labrador	Opt-out	94
Quebec	Opt-in	83
B Columbia	Opt-in	80
Ontario	Opt-in	54



# CDC's 2003 recommendations on perinatal HIV testing

- Opt-out approach for prenatal HIV testing
- Opt-out rapid HIV testing at labor and delivery
  - Among women whose serostatus is unknown
- Rapid HIV testing of newborn
  - If mother's serostatus is unknown after birth



# Endorsers of the opt-out approach to prenatal HIV testing

- 1998: Institute of Medicine. Adopt a national policy of universal HIV testing, with patient notification, as a routine part of prenatal care.
- 1999: American College of Obstetricians & Gynecologists/American Academy of Pediatrics.
- 2002: American Medical Association.



# Opt-out implementation

<u>Org</u>	<u>Year</u>	<u>Counseling</u>	<u>Documentation</u>
IOM	1998	Notification of testing and that it may be refused.	Document refusal in medical record
ACOG/AAP	1999	Same as IOM	Same as IOM
UAB	1999/ 2000	Same as IOM + written HIV material	Same as IOM + written consent for HIV



# Opt-out implementation

State	Year	Counseling	Documentation
AK	1997	Verbal counseling and notification that test will be performed & that women may refuse it.	Documented refusal.
TN	1997	Verbal or written counseling, notification & that women may refuse it, written forms may provide information on several tests.	Written, alone or for battery of tests, documented refusal.
TX	1995	Written HD materials on prenatal tests, including HIV. Verbal or written notification & right of refusal.	Same as TN, plus documentation of materials and notification.



# **CDC's recommendations on implementation of opt-out prenatal testing**

- **Written material for the patient**
  - Facts about HIV transmission and prevention
- **Sufficient information to allow women to make an informed choice**
- **Notification that HIV test will be performed unless refused**
- **Documentation of test refusal**



# Challenges

- **Lack of data on prenatal HIV testing rates**
  - **Difficult to assess impact of prevention programs**
  - **Difficult to compare testing strategies**
  - **Difficult to give timely feedback to areas where testing rates are suboptimal**
  - **No standardized approach to data collection across states**
  - **Existing data sources may not indicate if testing status is available to prenatal care providers and at labor and delivery**





# Next steps

- **Develop better data collection tools to assess perinatal HIV screening**
  - CDC piloting a medical chart review project among a sample of women who have delivered
- **Assess which perinatal HIV testing approaches and programs are most successful at increasing prenatal HIV testing rates**



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